

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Workplace health: long-term sickness absence and capability for work (update)

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

In updating the scope, the protected characteristics identified under the Equalities Act of 2010 have been considered.

Age: Employees of age 16 years and above are included in the scope. Although only 24% of employees in England are aged between 50-64 years, 42% of all long-term sickness absences (an absence of 4 weeks or more), are taken by this age group. ([Department for Work and Pensions 2014](#)). Currently only of 2% employees in England are aged over 65 years, but this may rise with the staged increases to the State Pension Age to 68 years ([Department for Work and Pensions 2017](#)). This may impact on long term sickness absence rates among older employees.

Sex: Women have considerably higher rates of long-term sickness absence than men. 49% of employees in England are female, but they account for 58% of all long term sickness absences taken. ([Department for Work and Pensions 2014](#)).

Race; Religion or Belief: Long-term sickness absence data are available for ethnicity only. There does not appear to be any great variation by ethnicity. 89% of employees in England are white and they account for 91% of all long term sickness

absences taken ([Department for Work and Pensions 2014](#)).

Disability: 11% of employees are considered to have a disability as defined by the Equalities Act of 2010. However 53% of long-term sickness absences are accounted for by employees who have a disability ([Department for Work and Pensions 2014](#)). Some learning disabilities may be considered as a disability under the Equalities Act, depending on the effect they have on a person's daily life. The management of long-term sickness absence among all employees is included in the scope of this update, regardless of whether or not they have a disability, learning disability or long-term condition. Where data are available, any variation in the effectiveness of interventions due to disability, learning disability, or long-term condition will be considered. However this update will not review the evidence for interventions to support people who are currently unemployed and are in receipt of benefits such as Employment and Support Allowance (ESA) (because of a disability, learning disability or long-term condition that prevents them from working), to find or return to employment.

Pregnancy and Maternity: No specific inequalities issues relating to pregnancy and maternity were identified. Interventions that exclusively target pregnant women and/or which focus on illnesses associated with pregnancy are excluded from the scope. However the management of long-term sickness absence for other reasons, among women who are pregnant, are included in the scope.

No specific inequalities issues were identified relating to: sexual orientation; gender reassignment; or marriage and civil partnership.

Other factors that were considered were:

Socio-economic status: There is evidence to suggest that there is a link between local levels of deprivation and variation in sickness absence rates among public sector employees. However rates also vary according to other factors, for example for teachers, by geography and type of council, and for NHS staff, by the proportion of staff at each grade ([Independent review of sickness absence in Great Britain 2011](#)).

Size of employer: Although data suggests long-term sickness absence is relatively evenly split among small, medium and large employers ([Department for Work and Pensions 2014](#)), only around one-fifth of employees of small businesses (<50 employees) report access to in-house occupational health services ([Public Health England 2017](#)).

Where data are identified, any variation in the effectiveness and cost effectiveness of interventions due to the above factors will be considered, during the update of the guideline.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The issues identified above will be:

- noted in the review protocols and any evidence relevant to these groups will be extracted
- highlighted to and discussed by the committee during development of recommendations.

Completed by Developer Sarah Willett

Date 22nd January 2018

Approved by NICE quality assurance lead Simon Ellis

Date 22nd January 2018

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

Not applicable. A consultation on the scope did not take place.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

Not applicable. A consultation on the scope did not take place.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, do the key messages for the public need to be produced in an alternative version?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss
- British Sign Language videos for a population deaf from birth
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

Does an alternative version(s) of the consultation documents also need to be produced?

No

Updated by Developer Sarah Willett

Date 22nd January 2018

Approved by NICE quality assurance lead Simon Ellis

Date 22nd January 2018